

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date 10 / 24 / 03
Mo. Day Yr.

Atty. Docket 03500.014506

Application No. 09/576,245

Sir:

Kindly acknowledge receipt of the accompanying:

- ☐ Response to Official Action. _____
- ☐ Check for \$ _____ (claims fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$ _____
- ☐ Notice of Appeal and Check for \$ _____
- ☒ Information Disclosure Statement, PTO-1449 and 3 Three documents
- ☐ Claim for priority and certified copies of _____ priority applications
- ☐ Issue fee transmittal and Check for \$ _____
- ☒ Other (specify) Copy of European Search Report dated 07/24/03

by placing your receiving date stamp hereon and returning to deliverer.

Atty. LS/T/fq

Due Date N / D / D
Mo. Day Yr.

BY HAND

RECEIVED

MAY 25 2004

Technology Center 2100



Corres. and Mail
BOX AF

Handwritten: \$ A.F. / 2172

Response Under 37 C.F.R. § 1.116
Expedited Procedure, Art Unit 2172

In re Application of:

Docket No. 03500.014506

SHIN MUTO ET AL.

Application No.: 09/576,245

Examiner: M.G. Hamilton

Filed: May 24, 2000

Art Unit: 2172

For: DEVICE SEARCHING APPARATUS

Date: May 17, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

MAY 25 2004

Technology Center 2100

Sir:

Transmitted herewith is an Amendment After Final Action and Petition for Extension of Time in the above-identified application.

☒ No additional fee is required.

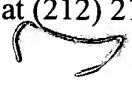
The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	** 24	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 8	MINUS	*** 8	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 110.00 to cover the fee for a one-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below. 

Respectfully submitted,


Attorney for Applicants

Registration No. 29,286

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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